
LIBRARY CARD APPLICATION YOUTH ONE BOOK

(Please PRINT all information)



Capital Area District

LIBRARIES

Your branch, our family tree.

Name: _____
Last First Full Middle Name

Address: _____
Number Street Apt/Lot # / PO Box

City State Zip County

Telephone: () _____

Email: _____

☐ Male ☐ Female Birth Date: _____ / _____ / _____
(Month/Day/Year)

Home Library (the library I will use most frequently and/or where I will pick up holds) (circle one):

Aurelius	Bookmobile	Dansville	Foster	Haslett	Holt	Downtown Lansing
Leslie	Mason	Okemos	South Lansing	Stockbridge	Webberville	Williamston

How do you wish to be notified about holds and overdue items? ☐ E-Mail ☐ Telephone
(Select one)

Do you wish to be notified about library programs and events? ☐ Yes ☐ No

With your Youth One library card, you can:

- **Check out one book or magazine.**
- **Check out items in our digital collection of:**
Ebooks Music
Audiobooks Movies
Magazines
- **Access our online tools for homework help.**

If you lose your card or if any of your information changes, please contact us.

Youth Signature: _____ Date: _____

FOR STAFF USE ONLY

Patron Number: .p _____ Residence (Governing Municipality): _____

☐ New applications: Verify patron does not already have record ☐ Renewals: Change card expiration date

Staff Initials/Location: _____ Date Entered: _____

Verified by: _____ Date Verified: _____